

# North Carolina Medicaid Bulletin

*An Information Service of the Division of Medical Assistance*

*Published by EDS, fiscal agent for the North Carolina Medicaid Program*

**Number 3**

**March 1997**

## **Attention: All Providers**

### **Holiday observance**

The Division of Medical Assistance (DMA) and EDS will be closed on Friday, March 28, 1997, in observance of Good Friday.

**EDS**

**1-800-688-6696 or 919-851-8888**

## **Attention: All Providers**

### **Reminder: 1997 Medicaid Fair**

The Medicaid Fair Special Bulletin was mailed to providers in January 1997. This year's fair will be at the Holiday Inn Four Seasons (Joseph S. Koury Convention Center) in Greensboro, North Carolina on Tuesday, May 20, 1997. The following is a schedule of events:

- ⌚ 7:00 a.m. - 8:45 a.m. Registration packets for pre-registered attendees and registration for non-registered attendees will be available in the ballroom. At 9:00a.m. the remaining packets will be distributed in the lobby. On-site registration will also continue in the lobby.
- ⌚ 8:45a.m. - 4:00p.m. Seminars will be conducted
- ⌚ 9:30a.m. - 3:30p.m. Booths will be open in the ballroom

Pre-registration information must be received by EDS no later than April 18, 1997. The registration fee increases from \$20.00 to \$30.00 per person after this deadline. If your office did not receive the special bulletin, contact EDS Provider Services at 1-800-688-6696 or 919-851-8888.

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**1-800-688-6696 or 919-851-8888**

***Providers are responsible for informing their billing agency of information in this bulletin.***

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**Attention: Ambulatory Surgical Centers****New and deleted Ambulatory Surgical Center (ASC) procedure codes**

The following codes have been added to the list of covered ASC procedures effective with date of service January 1, 1997:

<b>CPT Code</b>	<b>Rate</b>
15756	\$458.00
15757	458.00
15758	458.00
26551	565.00
26553	401.00
26554	401.00

The following CPT codes have been end-dated from the ASC list with date of service effective April 01, 1997. Claims submitted with these codes with date of service after 04-01-97 will be denied with EOB 537 "Procedure code has been end-dated."

15755	
20960	to report use 20962
20971	to report use 20969
25330	to report use 25332 and 25441-25446
25331	to report use 25332 and 25441-25446
26552	
26557	
26558	
26559	
42880	
56360	to report use 56300
56361	to report use 56305

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**Attention: Dental Providers****Incision and drainage of abscess in conjunction with same site surgical extraction**

According to North Carolina Medicaid Dental Services guidelines, when a *surgical* extraction (07210 - 07250) is performed on an abscessed tooth, an "incision and drainage of abscess - intraoral soft tissue" (07510) cannot be billed in conjunction with the surgical extraction. The incision and drainage of that tooth is included as part of the *surgical* extraction procedure.

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**1-800-688-6696 or 919-851-8888**

**Attention: Chiropractors****CPT codes- New billing instructions**

Effective with dates of service 01/01/97, chiropractors may bill Medicaid for Manual Manipulation of the Spine using the following CPT codes:

<b>CPT Code</b>	<b>Description</b>	<b>Rate</b>
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	\$22.08
98941	spinal, three to four regions	\$28.14
98942	spinal, five regions	\$34.81

Procedure code A2000 will be end-dated effective 06/01/97. From 01/01/97 through 05/31/97, A2000 cannot be billed in conjunction with the new CPT codes. After 06/01/97 claims with code A2000 will be denied with EOB 573 "Procedure code has been end-dated". Please correct your claim using the appropriate code valid for the date of service for which you are billing and resubmit your claim."

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**1-800-688-6696 or 919-851-8888**

## Attention: Dental Providers

### New reimbursement method and fee increase for general anesthesia and intravenous sedation

To alleviate the inadequacies in reimbursement for general anesthesia (D9220) and intravenous sedation (D9240) in the dental office, DMA will institute a base rate and unit method of reimbursement effective with date of service April 1, 1997. The following are the descriptions of “general anesthesia” and “intravenous sedation” as found in the ADA’s CDT-2 common dental terms.

Term	Description
General anesthesia	A controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including loss of ability to independently maintain airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method or combination thereof
Intravenous conscious sedation	A depressed level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and to respond appropriately to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method or combination thereof

In order to implement this method of reimbursement, the existing code descriptions for general anesthesia and intravenous sedation will be altered. These new descriptions replace the descriptions in the August 1, 1996 North Carolina Medicaid Dental Services Manual.

CODE	NEW DESCRIPTION	REIMBURSEMENT
D9220	general anesthesia base rate (no time involved)	one base rate per date of service @ \$57.00
D9240	intravenous sedation base rate (no time involved)	one base rate per date of service @ \$50.00

Also, new codes will be added for billing general anesthesia and intravenous sedation units of time.

NEW CODE	NEW DESCRIPTION	REIMBURSEMENT
D9221	one unit general anesthesia = 15 minutes	one unit = \$25.00 <i>bill each 15 minute increment on a separate detail line</i>
Y9241	one unit intravenous sedation = 15 minutes	one unit = \$20.00 <i>bill each 15 minute increment on a separate detail line</i>

Therefore, providers will now be reimbursed for a base rate procedure code plus corresponding units of time. For example, reimbursement for one hour of **general anesthesia** would be \$157.00. This would be billed as follows:

CODE	PROCEDURE DESCRIPTION	REIMBURSEMENT
D9220	general anesthesia base rate	57.00
D9221	one unit general anesthesia (15 minutes)	25.00
D9221	one unit general anesthesia (15 minutes)	25.00
D9221	one unit general anesthesia (15 minutes)	25.00
D9221	one unit general anesthesia (15 minutes)	25.00

According to North Carolina Medicaid Dental Services guidelines, general anesthesia performed in the dental office must include documentation in the record of intubation, pharmacologic agents, monitoring of vital signs, and complete anesthesia time. When general anesthesia is rendered in the office setting, the expenses are billed by the dentist on the ADA claim form. If general anesthesia is rendered by a physician other than the attending dentist, the expenses are billed by that physician on the HCFA - 1500 form with an appropriate CPT code.

Reimbursement for one hour of **intravenous sedation** would be \$130.00. This would be billed as follows:

CODE	PROCEDURE DESCRIPTION	REIMBURSEMENT
D9240	intravenous sedation base rate	50.00
Y9241	one unit intravenous sedation (15 minutes)	20.00
Y9241	one unit intravenous sedation (15 minutes)	20.00
Y9241	one unit intravenous sedation (15 minutes)	20.00
Y9241	one unit intravenous sedation (15 minutes)	20.00

According to North Carolina Medicaid Dental Services guidelines, intravenous sedation performed in the dental office must include documentation in the record of pharmacologic agents, IV site, and complete anesthesia time.

#### **Additional guidelines**

- D9220, D9221, D9240, and Y9241 are allowed only in place of service 3 (office)
- General anesthesia and intravenous sedation will not be reimbursed for periods of time in excess of six hours
- D9220 and D9240 are not allowed on the same day
- D9221 and Y9241 are not allowed on the same day
- Acupuncture, hypnosis, or other non-pharmacologic methods are not covered

These codes will be subject to post payment review; therefore, exercise caution and your best professional judgment when using these codes.

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**1-800-688-6696 or 919-851-8888**

**Attention: Head Start Providers****Rate increase**

Effective with date of services beginning, February 1, 1997, rates have been increased for the following procedures.

<b>Service code</b>	<b>Description of service</b>	<b>New rate</b>
Y2401	Audiology Assessment	11.80
Y2402	Audiology Treatment	11.80
Y2403	Speech/Language Assessment	11.80
Y2405	Occupational Therapist Assessment	13.13
Y2406	Occupational Therapist Treatment	13.13
Y2407	Physical Therapist Assessment	13.13
Y2408	Physical Therapist Treatment	13.13
Y2409	Psychological Assessment	12.48
Y2410	Psychological Treatment	12.48
Y2411	Group of Two Students	5.91
Y2412	Group of Two Students	3.94
Y2413	Group of Four Students	2.95

*Richard Young, Financial Operations*  
DMA, 919-733-6784

**Attention: Independent Practitioner Providers****Rate increase**

Effective with date of services beginning February 1, 1997, rates have been increased for the following procedures.

<b>Service code</b>	<b>Description of service</b>	<b>New rate</b>
Y2401	Audiology Assessment	15.70
Y2402	Audiology Treatment	15.70
Y2405	Occupational Therapist Assessment	15.70
Y2406	Occupational Therapist Treatment	15.70
Y2407	Physical Therapist Assessment	15.70
Y2408	Physical Therapist Treatment	15.70
Y2415	Respiratory Therapy Assessment	15.70
Y2416	Respiratory Therapy Treatment	15.70
Y2403	Speech/Language Assessment	15.70
Y2404	Individual Student	15.70
Y2412	Group of Three Students	5.23
Y2413	Group of Four Students	.93
Y2411	Group of Two Students	7.85

*Richard Young, Financial Operations*  
DMA, 919-733-6784

**Attention: All Providers****Reminder: Billing Medicare/Medicaid crossovers**

Medicare claims cross over automatically to Medicaid **IF** the provider's Medicare number is cross-referenced to their North Carolina Medicaid provider number in Medicaid's cross-reference files.

If providers have Medicare claims that are not automatically crossing over to Medicaid, they should complete the form below and return to EDS Provider Enrollment. Provider Enrollment will verify the provider's Medicare and Medicaid information. If the numbers are not cross-referenced, EDS will add the provider information to the crossover file. If Provider Enrollment has any questions, they will contact the provider.

If you have multiple Medicare carriers and Medicare provider numbers, each number must be referenced to a Medicaid provider number. Please use a separate form for each cross-reference.

Note: Multiple Medicare numbers can be cross-referenced to a single Medicaid number, but multiple Medicaid numbers **cannot** be cross-referenced to a single Medicare number.

Prompt return of this information will help ensure crossover claims are processed correctly and in a timely manner.

**EDS**

**1-800-688-6696 or 919-851-8888**

(✂ cut here and return Medicare Crossover Reference Request form only)

-----  
**MEDICARE CROSSOVER REFERENCE REQUEST**  
 -----

Provider Name: \_\_\_\_\_

Contact Person:(required) \_\_\_\_\_ Telephone Number: (required) \_\_\_\_\_

Indicate your *Medicare Carrier*, the *Action to be taken*, and your *Medicare* and *Medicaid* provider numbers. **If this section is not completed, the form will not be processed.**

These are the only carriers for which EDS can currently cross-reference provider numbers.

- |                                   |                                      |                                     |
|-----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> NC BC/BS | <input type="checkbox"/> Palmetto    | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> TN BC/BS | <input type="checkbox"/> CIGNA       |                                     |
| <input type="checkbox"/> AETNA    | <input type="checkbox"/> Mississippi |                                     |

**Action to be taken:**

- ☐ *Addition - This is used to add a new provider number (Medicare or Medicaid) to the crossover file.*

Medicare number: \_\_\_\_\_ Medicaid number: \_\_\_\_\_

- ☐ *Change - This is used to change an existing provider number (Medicare or Medicaid) on the crossover file.*

Medicare number: \_\_\_\_\_ Medicaid number: \_\_\_\_\_

Return to: Provider Enrollment  
 EDS  
 PO Box 300009  
 Raleigh, NC 27622

## Attention: ICF/MR Providers

### Individual visits

EDS is offering individual provider visits for all ICF/MR Providers. If there are any questions regarding general Medicaid guidelines, policy changes, billing information, or claims follow-up procedures, please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit.

(cut and return request form only)

### ICF/MR Provider Visit Request Form

(No Fee)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

City, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

List any specific concerns you would like us to address in the space provided below:

Return to:      Provider Relations  
EDS  
P.O. Box 300009  
Raleigh, NC 27622

## Attention: Dental Providers

### Individual visits

EDS is offering individual provider visits for all Dental Providers. If there are any questions regarding general Medicaid guidelines, policy changes, billing information, or claims follow-up procedures, please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit.

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(cut and return request form only)

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Dental Provider Visit Request Form  
(No Fee)

Provider Name _____	Provider Number _____
Address _____	Contact Person _____
City, Zip Code _____	County _____
Telephone Number _____	Date _____

List any specific concerns you would like us to address in the space provided below:

Return to:      Provider Relations  
                      EDS  
                      P.O. Box 300009  
                      Raleigh, NC 27622



**Attention: Ambulance Providers****Seminar schedule**

Seminars for Ambulance providers will be held in April 1997. Business office managers, Medicaid billing supervisors, and other billing personnel should plan to attend. Technicians and drivers are also invited to attend. These seminars will focus on Medicaid guidelines for ambulance services, including covered and noncovered transports, and follow-up of denied claims. Providers should bring their Ambulance Manual to the workshop for reference. Additional manuals will be available for purchase.

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 10:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration.

**Preregistration is strongly recommended**

Directions are available on page 1 of this bulletin.

**Tuesday, April 8, 1997**  
Craven Community College  
800 College Court  
New Bern, NC  
Auditorium

**Thursday, April 10, 1997**  
A-B Technical College  
340 Victoria Road  
Asheville, NC  
Simpson Lecture Room

**Wednesday, April 16, 1997**  
Holiday Inn North-Coliseum  
3050 University Parkway  
Winston-Salem, NC  
Exchange Room

**Wednesday, April 23, 1997**  
Wake Medical Center  
MEI Conference Center  
3000 New Bern Avenue  
Raleigh, NC  
(Park at Wakefield Shopping Center)

(cut and return registration form only)

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Ambulance Provider Seminar Registration Form  
(No Fee)

Provider Name _____	Provider Number _____
Address _____	Contact Person _____
City, Zip Code _____	County _____
Telephone Number _____	Date _____

List any specific concerns you would like us to address in the space provided below:

Return to:      Provider Relations  
EDS  
P.O. Box 300009  
Raleigh, NC 27622

**Attention: OB-GYN Providers****Seminar schedule**

Seminars for OB-GYN providers will be held in April 1997. Business office managers, Medicaid billing supervisors, and other billing personnel should plan to attend. These seminars will review program guidelines, coding, claim form completion, and follow-up, as well as focus on the most common denials for this provider type. Electronic claims submission options which facilitate faster claims payment will also be discussed and encouraged to facilitate faster claims payment.

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 10:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration.

**Preregistration is strongly recommended**

Directions are available on page 11 of this bulletin.

**Tuesday, April 8, 1997**

A-B Technical College  
340 Victoria Road  
Asheville, NC  
*Simpson Lecture Room*

**Wednesday, April 9, 1997**

Catawba Valley Technical College  
Highway 64-70  
Hickory, NC  
*Auditorium*

**Monday, April 14, 1997**

Wake Medical Center  
MEI Conference Center  
3000 New Bern Avenue  
Raleigh, NC  
*(Park at WakeField Shopping Ctr)*

**Tuesday, April 15, 1997**

Martin Community College  
Kehakee Park Road  
Williamston, NC  
*Auditorium*

**Thursday, April 17, 1997**

Comfort Suites  
215 Wintergreen Drive  
Lumberton, NC  
*A/B Meeting Room*

**Monday, April 21, 1997**

Ramada Inn Airport Central  
515 Clanton Road  
Charlotte, NC

**Monday, April 28, 1997**

Holiday Inn North-Coliseum  
3050 University Parkway  
Winston-Salem, NC

**Wednesday, April 30, 1997**

Holiday Inn  
4903 Market Street  
Wilmington, NC  
*Entourage Room*

(cut and return registration form only)

**OB-GYN Provider Seminar Registration Form**

(No Fee)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

City, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

List any specific concerns you would like us to address in the space provided below:

Return to: Provider Relations  
EDS  
P.O. Box 300009  
Raleigh, NC 27622

## **Attention: All Providers**

### **Directions to the Ambulance Seminars and OB/GYN Seminars**

Registration forms for these workshops are on pages 13 and 14 of this bulletin.

#### **A-B TECHNICAL COLLEGE, ASHEVILLE**

***Tuesday, April 8, 1997 - OB/GYN Seminar Thursday, April 10, 1997 - Ambulance Seminar***

I-40 to Exit 50. Head North on Hendersonville Road to intersection with Route 25 (McDowell Street). Take a left on Route 25 to Intersection with Victoria Road. Take a left onto Victoria Road to the Administration Building.

#### **CATAWBA VALLEY TECHNICAL COLLEGE - HICKORY**

***Wednesday, April 9, 1997 - OB/GYN Seminar***

Take I-40 to Exit 125 and go approximately 1/2 mile to Highway 70. Head East on Highway 70 and College is approximately 1.5 miles on the right.

#### **WAKE MEDICAL MEI CONFERENCE CENTER - RALEIGH**

***Monday, April 14, 1997 - OB/GYN Seminar***

***Wednesday, April 23, 1997 - Ambulance Seminar***

Take the I-440 Raleigh beltline to New Bern Avenue, Exit 13A. Go toward Wake Medical Center on New Bern Avenue and at the stoplight at Sunnybrook Road, turn left. At Wakefield Shopping Center, turn left and park in the shopping center parking lot. Parking is free. Walk back to New Bern Avenue up the sidewalk in front of the Wake County Department of Health and stay on the sidewalk until it leads you to the Medical Education Institute. Enter the building at the far left Conference Center Entrance and follow the signs to your classroom.

**NOTE:** Providers should park at the Wakefield Shopping Center. Cars will be towed if parked in unauthorized parking places.

#### **MARTIN COMMUNITY COLLEGE , WILLIAMSTON**

***Tuesday, April 15, 1997 - OB/GYN Seminar***

Take Highway 64 into Williamston. College is approximately 1-2 miles west of Williamston. The Auditorium is located in building 2.

#### **COMFORT SUITES - LUMBERTON**

***Thursday, April 17, 1997 - OB/GYN Seminar***

I-95 to Exit 22 and go North on US 301. Take a left onto Wintergreen Drive, and you will pass the Holiday Inn and the Hampton Inn. Comfort Inn Suites is located behind them. Signs will be posted with room locations.

#### **RAMADA INN AIRPORT CENTRAL , CHARLOTTE**

***Monday, April 21, 1997 - OB/GYN Seminar***

I-77 to Exit 7. Ramada Inn is located right off I-77 on Clanton Road. Signs will be posted with room locations.

#### **HOLIDAY INN NORTH - COLISEUM, WINSTON-SALEM**

***Monday, April 28, 1997 - OB/GYN Seminar***

***Wednesday, April 16, 1997 - Ambulance Seminar***

I-40 Business to Cherry Street Exit. Continue on Cherry Street for 2-3 miles. Get in the left hand turn lane and make a left at IHOP Restaurant. The Holiday Inn is located behind the IHOP Restaurant.

#### **HOLIDAY INN - WILMINGTON**

***Wednesday, April 30, 1997 - OB/GYN Seminar***

I-40 East into Wilmington to Highway 17 - just off of I-40. Turn right onto Market Street and Holiday Inn is located on the right.

#### **CRAVEN COMMUNITY COLLEGE, NEW BERN**

***Tuesday, April 8, 1997 - Ambulance Seminar***

Highway 70 to New Bern and take the Glenburnie Exit. College is located on the right. Once you have entered the College Facility, take the 1st right and follow road all the way to the back. The Auditorium is the last building (Building E).

### Checkwrite Schedule

March 4, 1997	April 8, 1997	May 6, 1997
March 11, 1997	April 15, 1997	May 13, 1997
March 18, 1997	April 24, 1997	May 20, 1997
March 27, 1997		May 29, 1997

### Electronic Cut-Off Schedule \*

February 28, 1997	April 4, 1997	May 2, 1997
March 7, 1997	April 11, 1997	May 9, 1997
March 14, 1997	April 18, 1997	May 16, 1997
March 21, 1997		May 23, 1997

\* *Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite as paid, denied, or pended. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite as paid, denied, or pended following the transmission date.*

\_\_\_\_\_  
Paul R. Perruzzi, Acting Director  
Division of Medical Assistance  
Department of Human Resources

\_\_\_\_\_  
James R. Clayton  
Executive Director  
EDS

<b>Bulk Rate</b> U.S. POSTAGE PAID Raleigh, N.C. Permit No. 1087
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